

EUGENICS AND VENEREAL DISEASE.

With special reference to the Medical Congress (August, 1913) and the recent Report issued by the Local Government Board.

There may be some who consider that venereal disease ought not to be accorded any place in a strictly scientific discussion of eugenics; that eugenics ought to deal only with the transmission of innate qualities in the human germ-plasm, and not with its invasion by infective disease, which, even if it affects the germ-plasm, influences it from without, not from within. The present writer regards such a view as pedantic, even if strictly correct; and if we accept the general definition of eugenics as "a study of the agencies under social control which may improve or impair the racial qualities of future generations either physically or mentally," then venereal diseases leap at once into a position of the highest importance. So cruel is the havoc which these ailments have wrought, and are still working, upon civilised humanity, that if they form no proper part of strict eugenic study, it is at least true that, apart from the elimination of these diseases, eugenics is destined to become a purely academic study; for while venereal disease holds the field, eugenic effort must be thwarted at every turn.

The two principal forms of disease are syphilis and gonorrhœa. Both of them are disastrous from a national point of view; the latter induces sterility in both male and female; the former, except when definitively cured, causes disaster to the individual, and death or disease to his or her offspring.

The importance of checking these diseases, specially syphilis, has been universally recognised, and for a century past the Continental governments have attempted to remedy things by imposing various regulations on prostitutes. An attempt was made in England in 1864 (Contagious Diseases Act) to introduce a similar measure in selected military stations; but the system roused the hostility of the populace, and the Acts were repealed in 1886. As a whole, the medical profession supported the Acts, under the belief that State regulation, from the point of view of disease, was a success; the public, not realising the gravity of the diseases, simply resented the interference with personal liberty. After this, things were left alone till 1899. In that year the first Brussels Conference on the subject was held, with representatives from all parts of Europe. Another similar conference took place in 1902; from these discussions emerged the important conclusion that the methods of State regulation hitherto in use had proved of little or no value towards the elimination of venereal ailments. Some, indeed, of the representatives advised continuance of the system of regulation, while admitting the need of complete revision of methods; but on the whole the view prevailed that State regulation was a failure and should be abandoned. The unanimous resolutions neither advocated nor condemned the Continental system; but the result was to demonstrate its non-utility as a means of checking disease.

In England nothing had been done since the repeal of the C.D. Acts in 1886. In 1899 a request for a Royal Commission, supported by the Colleges of Surgeons and the B.M.A., was placed before the late Lord Salisbury. In the first instance he suggested that it would be better to await the report of the Brussels Conference (then sitting); later he decided that public opinion was not yet sufficiently enlightened to make a Government inquiry useful.

In 1905 a further memorial was set on foot (headed as before by Colonel Long, an indefatigable supporter of this cause, who unfortunately died in 1912) to press for a Government inquiry; the memorialists

being opposed to the C.D. Acts, but anxious to promote further facilities for treatment. The deputation, however, did not take place owing to the resignation of Mr. Balfour.

In July, 1911, a memorial was presented asking that workhouse authorities should have power to detain diseased paupers, if dangerous to the community. In answer, Mr. John Burns held out no hope of success in this particular enterprise. He believed that venereal disease was on the decrease, but he was ready to do what he could by administrative action.

In 1912 the Royal Society of Medicine, acting in conjunction with the Eugenics Education Society, appointed a committee to report on the subject of venereal disease. This committee has not yet reported.

The present year is of special importance in this respect owing to the prominence given to the subject in the seventeenth International Medical Congress. Already some weeks before the actual congress, Sir Malcolm Morris urged in the *Lancet* that a Royal Commission should be appointed, laying stress on the need for some kind of notification and for the extended application of modern treatment. Shortly after this, a letter appeared in the *Morning Post* urging the need of a Royal Commission, and signed by a large number of the leading members of the profession. The *Daily Telegraph* and the *Pall Mall Gazette* commented favourably; and there has appeared a certain disposition in the Press to speak out on this subject.

Proceeding now to the actual congress, it is generally admitted that the subject of venereal disease formed the most prominent feature of the whole deliberations. In his striking speech at the commencement of the congress, Lord Morley spoke of the "sheer moral cowardice in shrinking from a large and serious inquiry into the extent, causes, and palliatives of this hideous scourge." At the end of the congress, in his Albert Hall address, Mr. John Burns referred to "Syphilis . . . one of the great cankers of humanity." And the *Spectator* (August 16th) says, "We may note, as the outstanding feature of the congress, the meeting in the Albert Hall on Saturday (9th) to discuss 'Syphilis, its dangers to the community and the question of State control.'" Indeed, on Monday, August 11th, Mr. Asquith promised an inquiry, though we do not yet know its scope, reference, or personnel, we do know that it is to take the form of a Royal Commission.

As regards the Albert Hall meeting on August 9th, I can only refer to its main features. The formal papers were four in number, all by well-known authors.

Dr. Blaschko (of Berlin) explained that the failure of State regulation was due to the fact that the systems, at present in force on the Continent, failed to deal with the really dangerous element, namely, the youthful clandestine prostitute. He wished to abolish police control and compulsory inspection, and to substitute a purely sanitary system, which should take cognizance of both sexes, providing for anonymous notification (as in Norway), with full facilities for treatment of all affected persons. He believed that a voluntary system would prove sufficient except in the cases of the youthful, the feeble-minded, and depraved persons. The State should undertake the provision of ample facilities for diagnosis and treatment; but he also advised the inauguration in England of a national society for the prevention of venereal disease.

Dr. Finger (of Vienna) supplemented Dr. Blaschko's paper by urging the necessity for instructing the youth of the population in the principles of physiology and sex-hygiene. He wished also to penalise wilful dissemination of disease; to eliminate the quack; and to introduce some kind of confidential notification. But government measures could only follow on public enlightenment.

Major French, R.A.M.C., who has been a constant advocate of hygienic measures, was unavoidably absent through illness, but his paper

was read by Dr. Brend. He pointed out how this problem would come to a head under the Insurance Act, forcing the nation to deal with it as a menace to both finance and public health. He pointed out the great success which has attended efficient control over the army in India, Malta, and elsewhere, and thought it feasible to introduce efficient measures of sanitary reform in the civil populace. His proposals fell under three heads: control at the source, involving notification and sequential measures; application on a large scale of medical methods; and religious and moral prophylaxis.

Professors Gaucher and Gougerot (of Paris) concurred in the condemnation of State regulation, and in the proposals for treatment and education. They drew attention to the spread of syphilis by infected cups and utensils, and specially by barbers' instruments. They suggested health certificates before marriage; special regulations in dangerous trades such as glass-blowing; examination of wet nurses; improvement of education of medical students; and even went so far as to suggest making marriage obligatory in cases of proved paternity.

The papers were followed by several other speakers, mostly in sympathy with the writers of the papers.

Professor Pontoppidan (of Copenhagen) explained the system now adopted in Denmark. It was founded on gratuitous treatment for all. As there was no fear of compulsion people came in increasing numbers for cure; this increase did not indicate an increase of disease, but a greater inclination to submit to treatment. He believed in the success of non-coercive measures, though he warned his hearers that the Danish method was expensive.

Dr. Carle, of Lyons, also spoke of the great gain to his city of the withdrawal of police control. Attendances had doubled in number.

At this meeting there was no advocacy of State regulation; it was pointed out that any form of compulsion could only lead to concealment of disease, which was our greatest enemy. Reference was made to the estimate of 500,000 fresh venereal infections every year in Great Britain, which figure, if approximating to the truth, carries with it its own lesson.

Mr. Ernest Lane made a good contribution, urging education and free treatment. He had had experience under the C.D. Acts; whatever we might think of them, he believed that the day for compulsion was past.

Miss Helen Wilson questioned the value of notification for statistical purposes, owing to frequent overlapping, and Dr. Vinrace thought that any form of notification would interfere with the confidential relations of patient and doctor.

Dr. Woods-Hutchinson (N.Y.) laid stress on feeble-mindedness as playing an enormous part in the practice of vice by both sexes, and suggested that if the feeble-minded were suitably tended, the evil would tend to self-elimination. Feeble-minded girls were exploited for commercial purposes; if this were stopped, two-thirds of the prostitutes would disappear. He thought the difficulties of anonymous notification were greatly exaggerated; its results in New York were excellent.

Sir Malcolm Morris, winding up the debate, urged the international importance of the problem, and besought the nation to put an end to the stupid conspiracy of silence, which has so long prevailed. The problem demanded the attention of judges and magistrates, statesmen and politicians, the Press, the clergy, and the teaching profession. These diseases, he declared, and specially syphilis, were more ruthless than the destroying angel, not only slaying the first-born but the unborn babe.

The resolutions were then put: (i.) calling for confidential notification; (ii.) calling for enlarged and extended facilities for treatment. Both resolutions were passed, the first by a considerable majority, the second unanimously.

I think that there was some misunderstanding on the first resolution, as not a few felt that it might imply a breach of professional confidence; I have myself no doubt that anonymous notification was intended, which would not affect the relation between doctor and patient. Hence, I believe, the dissentient minority.

It was a memorable meeting, and in 48 hours it drew the consent of the Government to an inquiry. But not only from the public health point of view did syphilis prove of interest to the Congress; it also played a leading part in the strictly medical work of the week. For while the national conscience is being awakened, the subject is also of supreme medical interest at the present time. Within a few years all the work on it has been done; the organism which causes syphilis has been discovered by Schaudinn; a diagnostic reaction of the blood has been invented by Wassermann; and a specific cure (at least for early cases) has been found by Ehrlich.

Accordingly, Ehrlich was the hero of the congress. His dissertation on pathology, largely concerned with explanation of the phenomena and reactions of syphilis, sleeping sickness, and allied diseases, was an exposition of work which places him in the first rank of medical achievement. Perhaps the most important meeting, from a therapeutic point of view, was the large meeting on Monday, August 11th, at St. Thomas's Hospital, the main business of which was to discuss the use of salvarsan, Ehrlich's remedy for the "Red Plague," as syphilis has been called. Ehrlich and Wassermann were both present and had a great reception, as did other notable authorities. General testimony was borne to the brilliant curative effects of salvarsan on the disease, specially emphasized for this country by Colonel T. W. Gibbard, R.A.M.C., whose work for the army, in conjunction with Major Harrison, has been a real achievement.

And the result of all this? We have in our hands a well-established method of diagnosis, and an acknowledged instrument of cure, at least in the early stages, of a disease which has for four centuries spoilt our civilisation. *If every recent case could be induced to come for cure, syphilis, as an infectious disease, would be rooted out in a year.* I am not hopeless that this result may actually be effected in about ten years, if we set about it in the right way.

And what is the right way? A question asked on August 15th in the House of Commons elicited a reply referring to a report just published by Dr. Johnstone, an able officer of the Local Government Board, on the subject of venereal diseases. Dr. Johnstone was appointed by the Local Government Board in 1912 to make a limited inquiry as to the control of venereal diseases in this country, with special reference to the adequacy and general character of the arrangements for treatment available in England and Wales. The report, now issued, covers a good deal of the ground, and it may be taken to embody the official view of the Local Government Board. It is an important, and, as I think, a well-considered report, as far as it goes.

The following paragraphs will indicate the tenour of the document :

The author proposes to report the result of his visits to a limited number of larger and smaller towns in the provinces, where he tried to ascertain the state of affairs with regard to venereal disease and the arrangements to cope with it. He also visited hospitals and institutions in London. His inquiries were limited to the two diseases, syphilis and gonorrhœa.

He gives a brief but useful outline of the history of syphilis, which incidentally shows how very recent is the clinical understanding of the disease, not to speak of its modern pathology. This section is calculated to inspire the reader with a desire to know more.

He passes on to estimate the actual prevalence in this country, and to examine the various data which we possess. The returns of the Registrar-General, which give the registered annual deaths from syphilis, he regards as untrustworthy; they cannot represent more than a very small proportion of actual deaths from syphilis, and more likely denote merely an increasing tendency to avoid the diagnosis on certificates. (He does not mention that threequarters of the numbers given are infants.) On the contrary, he finds that most of the doctors whom he asked, both practitioners and consultants, consider that there is no falling off in the relative incidence of syphilis among their patients, but if anything an increase; though they all agree that the symptoms in the early stages of the complaint are less severe than formerly. As confirming this view that there is no decrease in incidence, it is shown that certain diseases, now known to be due to syphilis, but not known formerly, show no drop for many years past on the registrar's sheet. The army returns of recruits rejected owing to syphilis show indeed a very great and steep fall in the last 40 years, but this is considered due to special causes, one being that candidates with obvious disease do not now present themselves. So far he thinks the evidence points to no decrease in the incidence of this disease, but to a decrease in its virulence.

Little is known of actual statistics of disease in the great cities of Europe. If, he says, we assume that 12 per cent. of the population of London are syphilitic (not an excessive assumption, but rather low) then there would be half a million syphilitics in London (Metropolitan area).

The author deals shortly, but effectively, with the bearings of disease on public health; apart from the endless immediate dangers to the patient, it predisposes to tubercle and cancer; the fact of its transmission to offspring multiplies its power for evil.

After referring to the diagnostic tests now in use, he proceeds to show that while prostitution is the predominant factor in the spread of the disease, yet it is frequently conveyed to innocent persons by other than sexual means. Of women patients, 25 per cent. are estimated to be innocent. As regards prostitutes, the young clandestine prostitute is by far the most dangerous.

As for treatment, he compares the new drug salvarsan with mercury, and concludes the immense superiority of the former. By means of this drug (often combined with mercury) the period of cure is now reduced to months, or even weeks, where before it took years.

Passing on to gonorrhœa, its high incidence is pointed out, being greater than that of syphilis; it is frequently difficult to diagnose, specially in women, and by no means easy to cure; yet great advances have recently been made. Ophthalmia is caused by it in infants, which may lead to blindness; it may also be spread innocently by infected towels, etc.

His statements as regards institutional treatment now available are full of interest. In *General Hospitals* he finds, as a rule, no beds or wards for this purpose. Modern methods of treatment he finds applied on a small scale in some London hospitals, but hardly at all in the provinces. He finds a great lack of organisation in this respect for the public benefit.

In *Workhouses and Infirmarys*, with one exception, he finds no use made of modern treatment; accommodation is very defective, and unsuitable for the treatment of venereals.

The *Lock Hospitals* do good work, but are totally inadequate.

As regards State control, he points out the failure, not to speak of the injustice, of systems of State regulation; the C.D. Acts, in England, had, of course, little influence on the country as a whole.

If effective means are to be taken for elimination of these diseases, whether voluntary or compulsory, it will be necessary to revise the popular views on the subject, in which false conceptions of "sin and retribution" play a large part.

Finally, he strongly advocates the establishment of special wards in the general hospitals, and special out-patient arrangements. He points out how the public authorities can assist, and indicates the importance of the diseases to the Insurance Committees. For such measures as notification he considers the time is not yet ripe; the value of nameless notification, for statistical purposes, he doubts. Before notification can become effective it will be necessary to suppress the quack; and the quack cannot be suppressed till adequate measures are taken to provide efficient treatment for all sufferers.

This document should be read by all who are interested in the subject.¹ In addition to his own observation, the author has made good use of the work of others; it would have been an advantage if he had made more detailed reference to the works and papers consulted.

But I must hasten to a conclusion. It is admitted on all hands that a great effort has to be made towards the elimination of these diseases. The deadly effects of the syphilitic virus are becoming well recognised; I wish the same could be said of the deplorable results of gonorrhœa, the incidence of which is at least three or four times as great as that of syphilis. As it is, the public, while they fear syphilis, look on gonorrhœa as a mild malady to be dismissed with a jest. Yet it is a serious and even a terrible disease; it can be treated and cured in its initial stages; but there are very few surgeons, even of high position, who are capable of dealing with it with that thoroughness which modern knowledge demands; and students go out into practice totally unequipped for more than perfunctory and wholly inefficient attendance on such cases. A complete re-organisation of out-patient methods is required; every general hospital must have a special out-patient department in which the claims of each of these two diseases can be adequately recognised.

Clearly the crux of the problem, for actual administration, will be the question of notification. Keenly desirous as I am to obtain information as to the actual amount of venereal disease with which we have to cope, I recognise the stern fact that we can only obtain reliable statistics in proportion as we are prepared to spend money on the scientific diagnosis and scientific cure of the diseases. Statistics will flow in readily enough when facilities are provided, and when people have learnt to use them freely and expeditiously. It may be said "We cannot dispose our forces till we know the strength of the enemy." But though our warfare is with flesh and blood, yet the military analogy is only pictorial, and if pressed into service as a guide to procedure, it will merely mislead; our weapons are the weapons of science; our tactics are tactics of persuasion; our strategy is that of education.

Mr. John Burns, in his recent address (August 12th) on public health, said: "Tubercle is the one disease in which the fact, that measures of treatment and prevention are to a large extent identical, is becoming recognised." When will the public recognise that the same is true of the more dreadful scourge of venereal disease? If the public would learn that lesson, half our work would be done.

But only half. The other half is not for Mr. Burns, but for his colleague of the Education Department. It is for him to see that the adolescent generation shall not go out into life uninstructed in the elementary principles of sex-hygiene. That they have done so hitherto is

¹ "Report on Venereal Diseases," by Dr. R. W. Johnstone, price 2½d., obtainable from Wyman's, Fetter Lane, E.C.

among the most disgraceful defects of our education; and this is true from the top of our social scale to the bottom. If people cannot be taught continence, they can at least be taught to go and get diseases cured. The lesson of self-interest is readily learned. If they must fall into the ditch, let us see to it that they do so open-eyed; then it would be their own fault; now they are blind and can hardly avoid it.

How such teaching is to be given is hardly the subject of this article; but it can be done, and is being done, by specially gifted and qualified teachers, with excellent results.

Let us not be deceived. It is no light or small task that the medical profession to-day are calling on the nation to undertake. It will be laborious; it will be expensive. But it is worth while: for it is nothing less than the cleansing of the portals of life.

DOUGLAS WHITE.

EUGENICS AS A BRANCH OF MEDICAL SOCIOLOGY.

At the 81st annual meeting of the British Medical Association,¹ held at Brighton, on July 23rd, 24th, and 25th, the section of medical sociology devoted three mornings to the consideration of questions of wide general interest. Their hospitality in inviting laymen particularly concerned with the subjects discussed to read papers and participate in the discussions was taken advantage of by a very large number of those specially interested in "Eugenics," "Crime and Punishment," or "The Hospitals in relation to the State, the Public, and the Medical Profession," which occupied the attention of the section on the three mornings mentioned. In his introductory address the president of the section, Dr. R. J. Ryle, quoted the definition of sociology accepted by the Association, namely, that it is the scientific study of society and of all the phenomena it exhibits, including the various forces and processes at work within and upon it. He emphasised the fact that for the solution of the problems thus defined the work of the medical profession is coming more and more into demand, and he concluded by saying a few words on the history of eugenics and on the meaning attached by Galton to the word. The discussion on eugenics was inaugurated by the reading of three papers, which are here given in abstract in the order in which they were read.

I. Schuster, EDGAR, D.Sc. *The Scope of the Science of Eugenics.* There is a sort of antagonism between medicine and eugenics which has been recognised for some 2,400 years. It consists in the fact that, in Plato's words, medicine may "lengthen out good-for-nothing lives" and thus enable "weak fathers to beget weaker sons." In spite of this the eugenist is not antagonistic to the labours of the physician, but expects him to make use of his special opportunities for helping onward the science of eugenics. A brief analysis of some of the principal problems of eugenics is useful to indicate these opportunities. The study of the inheritance of disease must be, in so far as the collection of data goes, almost entirely in the hands of the doctor. In particular, the hereditary factor in the causation of tuberculosis is in urgent need of investigation at the present moment. The careful observation of tuberculous families is the only way of setting about it, and the doctor who attends them is the only person competent to do it. As the experience of one man would never provide sufficient material, co-operation is called for.

¹ *The British Medical Journal* for August 2nd, 1913, pp. 223-231, contains the three papers on eugenics printed in extenso and an abbreviated report of the discussion which followed.